

CLAIMS ONLY

Application Number

.. Filling Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11	/	/				
12		/				
13		/				
14		/				
15		/				
16		/				
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21		/				
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41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
Total Indep	4					
Total Depend.	26					
Total Claims	30					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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59						
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95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						